

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

10/533683

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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36						
37			/			
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39			/			
40						
41			/			
42						
43			/			
44						
45			/			
46			/			
47						
48			/			
49						
50			/			
TOTAL IND.			3			
TOTAL DEP.			34			
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						